



## Eventing Clinic Application 2010

**Valinor Farm**  
 1067 Old Sandwich rd  
 Plymouth, MA 02360  
 (508) 224-3332  
[www.valinorfarm.com](http://www.valinorfarm.com)  
[valinorfarm@valinorfarm.com](mailto:valinorfarm@valinorfarm.com)

### Valinor Farm Eventing Clinic 2010 Wednesday – Saturday July 21-24

#### Applicant Information:

Name (Last, First, Middle):

Age                                      Date of Birth                                      Sex M F

Home Address:

City:                                      State:                                      Zip:

Home Phone:                                      Email:

Please describe your current riding level and your horse's experience:

#### Parent or Guardian Information:

Name (Last, First, Middle):

Address (if different than above):

Home Phone:                                      Email:

Emergency phone number:                                           

**Please make checks payable to: Valinor Farm**  
**There will be a \$25.00 fee for returned checks.**

#### Amount

\$450

Include \$100 non-refundable deposit with this application                      \$100

*\*Use of a school pony is an additional fee of \$150 and must be sent in with your initial deposit.*                      \$150

Balance due one week before Program session begins                      \$350

**Warning Under Massachusetts Law, an equine professional is not liable for injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Chapter 128, Section 2D of the General Laws.**

**I AGREE TO ABIDE BY THE RULES OF VALINOR FARM AND WILL NOT HOLD VALINOR FARM RESPONSIBLE FOR INJURY AND/OR DAMAGE TO STUDENT OR EQUIPMENT.**

Date \_\_\_\_\_

Original Signature of Parent(s) or Legal Guardian